

SECTION 24 - CYTOMEGALOVIRUS IN THE HEALTHCARE SETTING

I. GENERAL.

A. Cytomegalovirus in the healthcare setting has been a cause for concern among caregivers, particularly pregnant personnel. However, the risk of occupational transmission to female personnel is no greater than the risk among the general public. Information about this infection and how it is transmitted is detailed here.

II. SPECIFIC.

A. There are two principal reservoirs of cytomegalovirus (CMV) in institutions: (a) Infants and young children infected with CMV, and (b) immunocompromised patients.

B. In areas where there are patient populations with high prevalence of CMV, seroprevalence studies and epidemiologic investigations have also demonstrated that personnel who have contact with patients have no greater risk of acquiring CMV than do personnel who have no patient contact.

C. In addition, epidemiologic studies that included DNA testing of viral strains have demonstrated that personnel who acquired CMV infection while providing to CMV-infected infants did not acquire their infection from the CMV-infected patients.

D. CMV transmission appears to occur directly either through close, intimate contact with an excreter of CMV or through contact with contaminated secretions or excretions, especially saliva or urine. Transmission via the hands of personnel or infected person(s) also has been suggested. The incubation period for person to person transmission is not known.

E. Although CMV can survive on environmental surfaces and other objects for short periods of time, there is no evidence that the environment plays a role in the transmission of infection. Because infection with CMV during pregnancy may have adverse effects on the fetus, protecting women of childbearing age from persons who are excreting the virus is of primary concern.

F. Serologic or virologic screening programs to identify CMV-infected patients or seronegative female personnel of childbearing age are impractical and costly for the following reasons: (a) The virus can be intermittently shed ; repeated screening tests may be needed to identify shedders; (b) seropositivity for CMV does not offer complete protection against maternal reinfection or reactivation and subsequent fetal infection ; (c) no currently available vaccines or prophylactic therapy can provide protection against primary infection; and (d) no studies clearly indicate that personnel may be protected by transfer to areas with less contact with patients likely to be reservoirs for CMV infection.

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G. Counseling of female personnel of childbearing age on the risk of transmission of CMV in both nonoccupational and occupational environments may help allay their fears. Work restrictions for personnel who contract CMV illnesses are not necessary; the risk of transmission of CMV can be reduced by careful adherence to handwashing and Standard Precautions.